

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Thomas Haves for Judge Committee					
Full Name of Contributor John Johnson: John P. Johnson Law Office, LLC				Registration Number, if PAC	
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*			M 0	D 5
City Columbus	State O	Zip Code 43215	Y 2	Amount 100.00	
				Form(Cash, Check, etc) Check	
Full Name of Contributor Kendra Kinney				Registration Number, if PAC	
Street Address 283 S. Third St.	Employer/Occupation/Labor Organization*			M 0	D 5
City Columbus	State O	Zip Code 43215	Y 2	Amount 50.00	
				Form(Cash, Check, etc) Cash	
Full Name of Contributor Chase Mallory: Luftman, Heck & Assoc., LLP				Registration Number, if PAC	
Street Address 580 Rich St.	Employer/Occupation/Labor Organization*			M 0	D 5
City Columbus	State O	Zip Code 43215	Y 2	Amount 250.00	
				Form(Cash, Check, etc) Check	
Full Name of Contributor Adam Nemann: Nemann Law Offices, LLP				Registration Number, if PAC	
Street Address 1243 S. High St.	Employer/Occupation/Labor Organization*			M 0	D 5
City Columbus	State O	Zip Code 43206	Y 2	Amount 500.00	
				Form(Cash, Check, etc) Check	
Full Name of Contributor Jami Oliver				Registration Number, if PAC	
Street Address 7928 Cook Rd.	Employer/Occupation/Labor Organization*			M 0	D 5
City Plain City	State O	Zip Code 43064	Y 2	Amount 500.00	
				Form(Cash, Check, etc) Check	
Full Name of Contributor Jeremy Roth: Roth Law Group, LLC				Registration Number, if PAC	
Street Address 24 N. High St., Suite 301	Employer/Occupation/Labor Organization*			M 0	D 5
City Columbus	State O	Zip Code 43215	Y 2	Amount 100.00	
				Form(Cash, Check, etc) Check	
Full Name of Contributor Gary Tyack				Registration Number, if PAC	
Street Address 427 Pittsfield Dr.	Employer/Occupation/Labor Organization*			M 0	D 5
City Worthington	State O	Zip Code 43085	Y 2	Amount 50.00	
				Form(Cash, Check, etc) Check	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

2,150.00

Total expenditures this event

132.35

Page Total \$ 1,550.00